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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954) 208-0845
Fax Number : (614) 573-3996

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/ <u>.</u>				<u> </u>
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~	-	FUAGLEROCEANTRON	I HOLDINGS, LLC	m _{et} _
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T. LEMIEUX

JUL 1 1 2022

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agents or both, in the State of Florida.

i.	Na	me of the limited liability company: Flagler Oceanfront	Holdir	gs LLC	
2.	(a)		(b)	
	(4.7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	, <u> </u>	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		525 South Flagler Drive, Ste 200		525 South I	flagler Drive, Ste 200
		West Palm Beach, FL, 33402	-	West Palm	Beach, FL. 33402
		05/12/2017		M170000040	079
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	BENJAMIN GORDON			
٦.	(a)	Registered Agent and Registered Office shown on the records of the	:		
		Registered Office Address (MUST BE FLORIDA STREET AL	67 22		
		525 South Flagler Drive, Ste 200	22 1		
		West Palm Beach ,FL	3402		FILE 2022 JUL -8 SLA SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
/1	(b)	C.T. Corporation System			FILED L-8 PM L-8 PM LXSSEELF
	(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office as	ldress:	JUL-8 PM 1: 23
		NEW Registered Office Address:			·
		1200 South Pine Island Road			
		Plantation, FL_	33324		
the age wa the	cha ent v s/wi arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the reg bility of the li imited	istered office company, it is mited liability	and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.
	-	ture of a member or authorized representative of a member			Printed or typed name of signee
pro the to no By:	ovis. ner tifie	by accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in which supplies the formal and the second agent	ze to a perfor l for in ereby	ct in this cap mance of my Chapter 602 confirm that	acity. I further agree to comply with the duries, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
. *1}		and the Company of Manne			